



## OUTPATIENT FACT SHEET

### OVERVIEW

Over the decades, the American Heart Association/American Stroke Association has become known as the trusted resource for scientific statements and guidelines relevant to cardiovascular diseases and stroke. In recent years, the Association has focused on translating scientific statements and guidelines into practice through quality improvement programs that apply performance measures to clinical settings. The resulting Get With The Guidelines® suite of hospital-based programs debuted in 2001. The 2009 introduction of Get With The Guidelines-Outpatient extends the power of Get With The Guidelines beyond hospital walls into outpatient settings.

### PROGRAM DESCRIPTION

Get With The Guidelines-Outpatient is a virtual performance improvement program demonstrated to improve adherence to evidence-based care in the outpatient setting, including specialist practices, general healthcare practices and health clinics.

The program is designed to work with outpatient electronic health record (EHR) systems, using data entered into the EHR to track measures for wellness, primary episode prevention and longitudinal post-discharge care. Relevant data are submitted to the Duke Clinical Research Institute (DCRI), the AHA's partner responsible for data management and oversight. While multiple data collection formats are accepted, EHR vendors are required to complete testing to ensure compatibility.

Once the program is underway, participating outpatient practices will receive quarterly reports providing performance feedback and comparative benchmarking information. Get With The Guidelines-Outpatient will provide formal recognition of participants' performance achievements.

### DATA ELEMENTS

Initially, Get With The Guidelines-Outpatient will welcome all data elements currently collected through participating practices' EHRs. Following a preliminary assessment period, a formalized list of data elements will be developed. The list will be available at [americanheart.org/outpatient](http://americanheart.org/outpatient) in the second quarter of 2010.

### MEASURES

Measures provide the basis for evaluating and improving outpatient treatment. Initial selection of measures used in the Get With The Guidelines-Outpatient program was based on an exhaustive review of nationally accepted ambulatory measures. The majority of measures selected are endorsed by the National Quality Forum, developed by the AHA/ACC or by the AHA/ACC/AMA PCPI. The measures used in this program will undergo regular review and will change from time to time to reflect measure maintenance and changes in EHR reporting conventions. Corresponding changes may be made in data elements requested for collection. Measures, like data elements, will be re-evaluated in the second quarter of 2010.

During the initial stages of program operation, EHR vendors are welcome to provide data elements on the following measures. However, vendors are not required to submit data elements on all of the measures listed below at this time.

### NQF MEASURES

- **CAD ACE inhibitor/angiotensin receptor blocker (ARB) therapy:** Percentage of patients with CAD who also have diabetes and/or left ventricular systolic dysfunction (LVSD) who were prescribed ACE inhibitor or ARB therapy (AMAPCPI/AHA/ACC 2005)
- **CAD ACE/ARB therapy for patients with CAD, diabetes and left ventricular systolic dysfunction (LVSD):** Percentage of patients aged 18 years and older with a diagnosis of CAD who also have diabetes mellitus and/or LVSD (LVEF<40%) who were prescribed ACE inhibitor or ARB therapy (PQRI)
- **CAD Antiplatelet therapy:** Percentage of patients with CAD who were prescribed antiplatelet therapy (AMAPCPI/AHA/ACC 2005)
- **CAD Oral antiplatelet therapy prescribed for patients with CAD:** Percentage of patients aged 18 years and older with a diagnosis of CAD who were prescribed oral antiplatelet therapy (PQRI)
- **CAD Beta-blocker therapy, prior myocardial infarction:** Percentage of patients with prior MI at any time who were prescribed beta blocker therapy (AMAPCPI/AHA/ACC 2005)

- **CAD Beta-blocker therapy for CAD patients with prior myocardial infarction (MI):** Percentage of patients aged 18 years and older with a diagnosis of CAD and prior MI who were prescribed beta-blocker therapy (PQRI)
- **CAD Symptom and activity assessment:** Percentage of visits for patients with a diagnosis of CAD who were evaluated for both level of activity AND anginal symptoms (AMAPCPI/AHA/ACC 2005)
- **CAD Symptom control:** Percentage of visits for patients aged 18 years and older with a diagnosis of CAD who are angina-free OR are prescribed at least two anti-anginal medications (AMAPCPI/AHA/ACC 2005)
- **DM Low-density lipoprotein (LDL-C) control in diabetes mellitus:** Percentage of patients aged 18 through 75 years with diabetes mellitus who had most recent LDL-C level in control (less than 100 mg/dl) (PQRI)
- **DM Hemoglobin A1c poor control in diabetes mellitus:** Percentage of patients aged 18 through 75 years with diabetes mellitus who had most recent hemoglobin A1c greater than 9.0% (PQRI)
- **DM High blood pressure control in diabetes mellitus:** Percentage of patients aged 18 through 75 years with diabetes mellitus who had most recent blood pressure in control (less than 140/80 mmHg) (PQRI)
- **HF Left ventricular function (LVF) assessment:** Percentage of patients with HF with quantitative or qualitative results of LVF assessment record (AMAPCPI/AHA/ACC 2005)
- **HF ACE inhibitor/ARB therapy:** Percentage of patients HF who also have LVSD who were prescribed ACE inhibitor or ARB therapy (AMAPCPI/AHA/ACC 2005)
- **HF ACE/ARB therapy for patients with CAD, diabetes and left ventricular systolic dysfunction (LVSD):** Percentage of patients aged 18 years and older with a diagnosis of HF and LVSD (LVEF<40%) who were prescribed ACE inhibitor or ARB therapy (PQRI)
- **HF Beta-blocker therapy:** Percentage of patients with HF who also have LVSD who were prescribed beta-blocker therapy (AMAPCPI/AHA/ACC 2005)
- **HF Beta-blocker therapy for left ventricular systolic dysfunction (LVSD):** Percentage of patients aged 18 years and older with a diagnosis of HF who also have LVSD (LVEF<40%) and who were prescribed beta-blocker therapy (PQRI)
- **Hypertension Controlling high blood pressure:** Percentage of patients with last blood pressure <140/90 mm Hg (AMAPCPI/AHA/ACC 2005)
- **Preventive care and screening Inquiry regarding tobacco use:** Percentage of patients aged 18 years and older who were queried about tobacco use one or more times within 24 months (PQRI)
- **Preventive care and screening Advising smokers to quit:** Percentage of patients aged 18 years and older and are smokers who received advice to quit smoking (PQRI)

## NON-NQF-ENDORSED MEASURES

- **Atrial fibrillation Assessment of thromboembolic risk factors:** Patients with an assessment of all of the specified thromboembolic risk factors documented during the 12-month reporting period (AMAPCPI/AHA/ACC 2007)
- **Atrial fibrillation Chronic anticoagulation therapy:** Patients who were prescribed warfarin during the 12-month reporting period (AMAPCPI/AHA/ACC 2007)
- **Atrial fibrillation Monthly INR:** Number of calendar months in which at least one INR measurement was made (AMAPCPI/AHA/ACC 2007)
- **Preventive care Blood lipid therapy and control:** Proportion of patients who meet current LDL-C treatment targets OR who are prescribed  $\geq 1$  lipid-lowering medications at maximum tolerated dose (AHA/ACC 2009)
- **Preventive care Weight management:** Counseling to achieve and maintain ideal body weight at least once within the past two years (AHA/ACC 2009)
- **Preventive care Blood pressure measurement:** Measurement of blood pressure in all patients. Patients for whom blood pressure (BP) measurement is recorded at least once in the last two years (AHA/ACC 2009)
- **Preventive care Aspirin use in patients without clinical evidence of atherosclerotic disease who are at higher CVD risk:** Patients who were advised to use aspirin (AHA/ACC 2009)

## AHA METRICS DEVELOPED SPECIFICALLY FOR GET WITH THE GUIDELINES-OUTPATIENT

- **Preventive care and screening:** Percentage of patients aged 18 and older with prior history of peripheral artery disease, coronary artery disease, heart failure or prior stroke who had most recent LDL-C level in control (less than 100 mg/dl) who are on maximum dose statin or multiple lipid-lowering drugs
- **Ongoing low-density lipoprotein (LDL-C) control:** Percentage of patients aged 18 years and older with a documented LDL-C  $\geq 100$  mg/dl and with a prior history of diabetes mellitus, peripheral artery disease, coronary artery disease, stroke or TIA whose most recent LDL-C level is in control (less than 100 mg/dl)
- **Calculate time to lipid control**
- **PAD Cholesterol-lowering medications (statin):** Drug therapy for lowering LDL-cholesterol in patients with PAD (ACC/AHA PAD Guidelines 2005)
- **PAD Smoking cessation:** Smoking-cessation intervention for active smoking in patients with PAD (ACC/AHA PAD Guidelines 2005)
- **PAD Antiplatelet therapy:** Antiplatelet therapy to reduce the risk of MI, stroke or vascular death in patients with PAD (ACC/AHA PAD Guidelines 2005)

This fact sheet will be periodically updated and posted at [americanheart.org/outpatient](http://americanheart.org/outpatient).

Please check this Web site periodically to obtain the most current information, including updated fact sheets.